

AHCCCS CONTRACTOR OPERATIONS MANUAL

201, ATTACHMENT A - AHCCCS NOTIFICATION TO WAIVE MEDICARE PART D COPAYMENT

Fax to AHCCCS <u>Member Contact and Data Unit (MCDU)</u>: mcdumemberescalations@azahcccs.gov (602) 252-6536

MEMBER NAME:		ARCCCS ID NUMB	AHCCCS ID NUMBER:	
DATE OF BIRTH:				
Type of Medical Institution	Date of Admission	AHCCCS Provider ID Number	Name of Medical Institution	
	4			
Comments:				
Contractor Name:		Date:		
Sul	bmitted By:			
Title:				
Phone Number:				